Attorney Docket: 2097/49123

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: JEAN GOSSELIN ETOALA

Serial No.: 09/631,637

Filed: AUGUST 2, 2000

Title: METHOD TO TREAT INFREMEDOS DISEASES AND/OR

TO ENHANCE ANTIMICROBIAL EFFICACY OF DRUGS

SUBMISSION OF SMALL ENTITY DECLARATION

Commissioner for Patents Washington, D.C. 20231

Sir:

Attached is a small entity declaration for the aboveidentified application. It is respectfully requested that small entity status be granted. If there are any questions in reference to this request, please contact the undersigned.

Respectfully submitted,

December 4, 2000

ਰ, D. Evans

Æegistration No. 26,269

EVENSON, McKEOWN, EDWARDS

& LENAHAN, P.L.L.C.

1200 G Street, N.W., Suite 700

Washington, DC 20005

Telephone No.: (202) 628-8800 Facsimile No.: (202) 628-8844

JDE/ajf

2
Applicant or Patentee: Jean Gosselin et al. Atty Dkt No.
Serial or Patent No.: Atty. Dkt. No.:
Filed or Issued:
For: METHOD TO TREAT INFECTIOUS DISEASES TO ENHANCE ANTIMICROBIAL
EFFICACY OF DRUGS
VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS [37 CFR 1.9(f) AND 1.27 (c)] - SMALL BUSINESS CONCERN
I hereby declare that I am
() the owner of the small business concern identified below;
() an official of the small business concern empowered to act on behalf of the concern identified below:
NAME OF CONCERN VIROCELL INC.
ADDRESS OF CONCERN 925 chemin St-Louis, Suite 450
Quebec City, Quebec, Canada G1S 4W6
I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both. I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled METHOD TO TREAT INFECTIOUS DISEASES
AND/OR TO ENHANCE ANTIMICROBIAL EFFICACY OF DRUGS by inventor(s) Jean Gosselin;
Pierre Borgeat; Louis Flamand; and Michel J. Tremblay described in:
() the specification filed herewith; (X) application serial no, filed; () patent no, issued
If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor who could not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. [37 CFR 1.27]
NAME
ADDRESS () INDIVIDUAL () SMALL BUSINESS CONCERN () NONPROFIT ORGANIZATION
NAME
ADDRESS
() INDIVIDUAL () SMALL BUSINESS CONCERN () NONPROFIT ORGANIZATION
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. [37 CFR 1.28(b)]
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.
NAME OF PERSON SIGNING Jean Gosselin
TITLE OF PERSON OTHER THAN OWNER President
ADDRESS OF PERSON SIGNING 925 chemin St-Louis, Suite 450, Quebec City, Quebec, Canada G1S 4W6
SIGNATURE DATE 1/901/1000

.

PATENT TRADEMARK OFFICE

COMBINED DECLARATION FOR UTILITY R DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATT RNEY

Attorney Docket Number

First Named Inventor

Jean Gosselin et al.

Complete if known

Application Number

Filing Date

Group Art Unit

Examiner Name

Declaration
Submitted with
Initial Filing

the specification of which

OR

 \boxtimes

is attached hereto.

was filed on

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

(mm/dd/yyyy)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

as United States Application Number or PCT International Application Number

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD TO TREAT INFECTIOUS DISEASES AND/OR TO ENHANCE ANTIMICROBIAL EFFICACY OF DRUGS

and was amende	d on(mm/dd/yyyy)	(if applicable	e).				
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Cop	y Attached?		
į							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Numbe	er(s) Filing Da	ite (MM/DD/YYYY)					
					application supplemental PTO/SB/02B		
	 P	age 1 of 3					



I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number		Parent	Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)		
	•						_	B/02B attached hereto:
							osecute thi	s application and to
transact all business in the Patent Trademark Off Customer Number OR Registered practitioner(s) name/re							ustomer Number Bar ode Label Here	
	Nam		Registration N			Name		Registration Number
Joseph D. Ev	vans		26,269		Herbert I. Cantor			24,392
Donald D. Ev	venson		26,160		Gary R. Edwards	•		31,824
Robert Mitch			25,007		Guy Houle			24,971
Kevin P. Mur			26,674		Robert Carrier			30,726 37,570
Michel J. Sof France Côté	lia .		37,017 37,037		François Nadeau		37,370	
Direct all co	•	or Bar	ner Number Code Label			OR 🛛 C	orresponden	ce address below
Name	Joseph D							
Address		N, McKEOWN, EDWAR	IDS & LENAHAN	٧				
Address	Suite 700	, 1200 G Street, N.W.						. <u></u>
City	Washingt	ngton State D.C. Postal Code 20005			05			
Country	USA		Telephone	e (202) 628-8800 Fax		(202) 62	8-8844	
belief are be like so made	lieved to be are punis	e true; and further th	at these stater prisonment, or	ments w both, ເ	ere made with thunder 18 U.S.C.	ne knowledge	that willful fa	ade on information and lise statements and the false statements may
		First Inventor:			☐ A petit			insigned inventor
	Given Nar	me (first and middle	[If any])			Family Nai	me or Surnar	ne
	199	Jean	-/-	_/	\sim	GO	SSELIN	
Inventor's Si	gnature	Shif	70	<u>~</u>	<u> </u>	Date	Das	1/2000
Residence:	City	Cap Rouge	State Qu	ebec	Country <u>Ca</u>	nada	Citizenship	Canadian
Post Office A	Address	1259 Des Chasse	urs, Apt. 1					
City		Cap Rouge	Province or State	Quebec	Postal C	ode G1Y 3	M3 C	ountry <u>Canada</u>
	al inventor	s are being named o	n the su	ppleme	ntal Additional In	ventor(s) PTC		ached hereto.



COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY

PTO/SB/02A (3-97)

DECLARATION

ADDITIONAL INVENTOR(S)
Supplem ntal Sheet
Page <u>3</u> of <u>3</u>

Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])	Family Name or Surname			
Pierre	BORGEAT			
Inventor's Signature Residence: City Sillery State Quebec (Post Office Address 2100 Brulart	Date 2/8/2000			
Fost Office Address 2100 Bruiant				
City Sillery Province or State Quebec	Postal Code Or Zip <u>G1T 1G3</u> Country <u>Canada</u>			
Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])	Family Name or Surname			
Louis	FLAMAND			
Inventor's Signature Residence: City Sainte-Foy State Quebec Post Office Address 3890 Montrénault	Date 21/8/2000 Country Canada Citizenship Canadian			
City Sainte-Foy Province or State Quebec	Postal Code Or Zip G1X 4H9 Country Canada			
Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])	Family Name or Surname			
Inventor's Signature	Date 20/08/2000			
Residence: City Neufchatel State Quebec C	Country Canada Citizenship Canadian			
Post Office Address 7073 Des Brumes				
City Neufchatel Province or State Quebec	Postal Code Coun Or Zip G2C 1P3 try Canada			
☐ Additional inventors are being named on the suppler	mental Additional Inventor(s) PTO/SB/02A attached hereto.			